



Natural Resources and Environmental Protection Cabinet

DEPARTMENT FOR ENVIRONMENTAL PROTECTION
DIVISION OF WASTE MANAGEMENT
14 REILLY ROAD
FRANKFORT, KENTUCKY 40601
TELEPHONE NUMBER (502) 564-6716

APPLICATION TO TRANSFER SPECIAL WASTE PERMIT DEP 7094C (3/92)

GENERAL INSTRUCTIONS

1. **APPLICABILITY** - This transfer application form must be completed and submitted to the Cabinet by persons who are assuming ownership of an existing permitted special waste site or facility.
2. **ASSISTANCE** - Questions regarding this application form may be directed in writing to the Division of Waste Management, Solid Waste Branch, at the address listed above or by calling (502) 564-6716.
3. **SUBMISSION** - Please type or print legibly. Submit the original and three (3) copies of the completed application form to the Division of Waste Management at the address noted above. If an item is not applicable to your facility write "N/A" in the space provided. The cabinet shall not begin the processing of this application until the applicant has fully complied with the application requirements.
4. **FILING FEES** - Applicants must submit appropriate filing fees at the time of application submittal in accordance with 401 KAR 45:250.
5. **LAWS AND REGULATIONS** - Applicants are expected to understand and comply with all laws and regulations applicable to special waste management, treatment and disposal. Reference 401 KAR Chapter 45 and 401 KAR 30:031.

APPLICATION TO TRANSFER
SPECIAL WASTE PERMIT

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APPLICATION TO TRANSFER
SPECIAL WASTE PERMIT

A. GENERAL INFORMATION

Application No. _____ (To be assigned by Cabinet)

Fee submitted \$ _____ County _____ Date _____

Method of Payment: _____ Check _____ Certified Check

Money Order No. _____

1. Applicant _____

Address _____

City _____ State _____ Zip Code _____

Phone No. (____) _____ - _____

Contact Person _____

2. Mailing Address (If different from above)

Address _____

City _____ State _____ Zip Code _____

Phone No. (____) _____ - _____

Contact Person _____

3. Correction to applications are to be made by:

Address _____

City _____ State _____ Zip Code _____

Phone No. (____) _____ - _____

4. Applicant legal status: _____ Government _____ Private

5. Do you now hold, or have you held, any other permit or approval to dispose of waste from the Division, including a landfarming permit, registered permit-by-rule, sludge giveaway, or permit modification to landfill? If so, state type, permit number if applicable, and date permit or approval was granted.

Type	Permit Number if Applicable	Date of Approval	Landfill Name if Applicable	Landfill Permit Number if Applicable

B. OWNERSHIP INFORMATION

1. Indicate by checking the appropriate blank the legal organizational structure of the applicant:

☐ Proprietorship

☐ Partnership ☐ General ☐ Limited

☐ Corporation

☐ Joint Venture

☐ Government Agency

☐ Other. Describe: _____

2. If the owner is a corporation, is it registered with the Kentucky Secretary of State?

☐ Yes ☐ No

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3. For the applicant and each person meeting the definition of key personnel, provide a Past Performance Information form as required by KRS 224.40-330(1) and (3). The Cabinet has developed form DEP 7094J for submittal of this information. Complete this form and include it as part of this application as Attachment 1.

NOTE: DEP Form No. 7094J may be obtained by contacting the Division of Waste Management at the address specified on the "Instructions" page of this application.

C. EXISTING PERMIT INFORMATION

1. Provide a copy of the current permit for which a transfer is being considered. Label as Attachment 2.
2. Provide an affidavit signed by the current permittee stating that ownership of the special waste site or facility is being transferred to another person. The affidavit shall contain the name, address and telephone number of the person or entity that is to become the new owner of the site and facility. Label as Attachment 3.
3. Provide a copy of the deed or lease of the site or facility. Label as Attachment 4.

D. FINANCIAL RESPONSIBILITY

Provide, as Attachment 5, copies of the financial assurance mechanisms executed by the applicant to satisfy the requirements of 401 KAR 45:080.

E. OPERATIONAL RESPONSIBILITY

Provide, as Attachment 6, an affidavit signed by the applicant that acknowledges the contents of the permit for which a transfer is being considered. This affidavit must also state that the applicant agrees to comply with all laws and regulations applicable to the ownership, operation and management of the special waste site or facility, and that the applicant agrees to comply with the provisions of the existing permit that is being transferred.

F. PUBLIC NOTICE

A public notice is required for an application to transfer a special waste site or facility permit in accordance with KRS 224.40-310. A draft notice is found in Attachment 7. Complete the public notice form; however, only those applicants notified by correspondence from the Cabinet may publish the notice.

F. CERTIFICATION

"I certify, under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for such violations."

Original Signature of Responsible Official

Date

Typed Name of Responsible Official

Title

Name of Applicant, i.e. Corporation or Unit of Government

Subscribed and sworn to before me by: _____

this the _____ day of _____, 19____

Notary Public Signature: _____

My Commission Expires: _____

Attachment 7

PUBLIC NOTICE

PURSUANT TO APPLICATION NO. _____

The Natural Resources and Environmental Protection Cabinet, Division of Waste Management, has received an application to transfer a special waste site or facility permit from, and has prepared a draft permit for:

Name of Applicant _____

Name of Facility _____

Address _____

City _____ State _____ Zip Code _____

This application, if approved, would allow the transfer of the permit to accept the following types of waste and the following activities: _____

The proposed facility may be accessed from _____

by travelling _____

Additional information regarding this application may be obtained from:

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone No. (____) _____ - _____

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All data submitted by the applicant and other documents concerning this application are available for public inspection during normal business hours at the following location:

Office _____

Address _____

City _____ State _____ Zip Code _____

The permit application is being processed at the following location:

Division of Waste Management
Solid Waste Branch
14 Reilly Road
Frankfort, Kentucky 40601

A public hearing has been scheduled to receive public comments and will be conducted at the following location and time:

Place _____

Address _____

City _____ State _____ Zip Code _____

From _____ to _____

Any person who wishes to comment on the transfer and the draft permit decision for this special waste site or facility may file comments with the Cabinet and, if desired, request a public hearing within thirty (30) days of the publication of this notice pursuant to Section 6 of 401 KAR 45:050.

Please refer to Application No. _____ on all correspondence.

Publication pursuant to KRS 224.40-310.